

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union

Employee Organization: New Providence Custodian and Maintenance Association Employees in Unit: 23

Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$1,409,337	\$1,445,992
Item 2	Increment	\$2,431	\$2,499
Item 3	Longevity	\$32,980	\$33,840
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet			
Section III: Totals - Sum of costs in each column		\$1,444,748	\$1,482,331
		(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$1,444,748

Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017			
Percent Increase	2.6	2.4	2.4			
Total cost of increase	\$36,655	\$34,707	\$35,541			
Total base salary (successor agreement)	\$1,445,992	\$1,480,699	\$1,516,240			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.47

Dollar Impact (average per year over term of agreement) \$35,634.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	\$490,773	\$554,573				
Employee Contributions	\$84,858	\$98,811				
Prescription	\$0	\$0				
Dental	\$24,351	\$24,351				
Vision	\$0	\$0				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.

Section VII

Prepared by:

James Testa
 Print Name

 Signature
 Title: School Business Administrator/Brd Sec
 Date: 12/7/2015

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union
 Employee Organization: New Providence Education Association- Secretarial Unit Employees in Unit: 17
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 <u>Salary</u>	\$816,261	\$837,487
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$950	\$950
Item 4		
Item 5		
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	\$817,211 (Total)	\$838,437 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$817,211				
Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017		
Percent Increase	2.6	2.4	2.4		
Total cost of increase	\$21,226	\$20,108	\$20,583		
Total base salary (successor agreement)	\$837,487	\$857,595	\$878,178		

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	2.47
Dollar Impact (average per year over term of agreement)	\$20,639.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$276,391	\$312,322			
Employee Contributions	\$26,155	\$33,887			
Prescription	\$0	\$0			
Dental	\$13,622	\$13,622			
Vision	\$0	\$0			

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: James Testa Title: School Business Administrator/Brd Sec
 Signature: [Signature] Date: 12/7/2015

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union
 Employee Organization: New Providence Education Association- Teachers Employees in Unit: 203
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$14,711,399</u>	<u>\$15,093,938</u>
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	<u>\$41,800</u>	<u>\$41,800</u>
Item 4 <u>Stipends- Co Curr/Athletics</u>	<u>\$563,987</u>	<u>\$578,651</u>
Item 5 <u>*Stipends- Other</u>		
Item 6 <u>*Varies and paid per hour</u>		
Item 7 <u>based on use 0% increase</u>		
Item 8 <u>for all three years</u>		
Item 9 _____		
Item 10 _____		
Item 11 _____		
Item 12 _____		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	<u>\$15,317,186</u>	<u>\$15,714,389</u>
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$15,317,186

Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017			
Percent Increase	<u>2.6</u>	<u>2.4</u>	<u>2.4</u>			
Total cost of increase	<u>\$382,539</u>	<u>\$362,306</u>	<u>\$370,833</u>			
Total base salary (successor agreement)	<u>\$15,093,938</u>	<u>\$15,456,244</u>	<u>\$15,827,077</u>			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.47
 Dollar Impact (average per year over term of agreement) \$371,893.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	<u>\$3,493,755</u>	<u>\$3,947,943</u>				
Employee Contributions	<u>\$805,236</u>	<u>\$908,322</u>				
Prescription	<u>\$0</u>	<u>\$0</u>				
Dental	<u>\$173,865</u>	<u>\$173,865</u>				
Vision	<u>\$0</u>	<u>\$0</u>				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

James Testa

Print Name

Signature

Title: School Business Administrator/Brd Sec

Date: 12/7/2015

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2015 thru 6/30/2018.

Employer: New Providence Board of Education

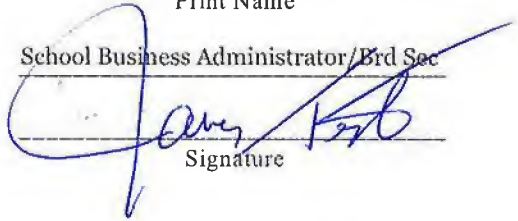
County: Union ☐

Date: 12/7/2015

Name: James Testa

Print Name

Title: School Business Administrator/Brd Sec


Signature